Case Studies: The Axon Registry

The Axon Registry® is an exclusive benefit for AAN members. By participating in this quality improvement registry, members can:

- Meet MIPS/Quality reporting requirements and reduce administrative burden
- Qualify for MOC Part IV Improvement in Medical Practice Clinical Module
- Measure and improve the quality of care
- Use data to demonstrate value to payers

Background

In 2016, the AAN and its registry vendor, FIGMD, successfully piloted the registry, with participating volunteer cohorts comprising 82 practices, 797 providers, and over one million patient visits. The AAN is inviting additional members to participate in 2017.

Registries such as Axon Registry pull quality data directly from the electronic health record (EHR) of a practice or institution, and these data are analyzed to determine quality of care for internal quality improvement initiatives and incentive payments (e.g., through MACRA’s Quality Payment Program, such as MIPS), contract negotiations (e.g., accountable care organizations), and recertification (e.g., maintenance of certification or MOC). If data cannot be pulled automatically from the institution because of policies on third-party access, it can be “pushed” to the registry.

Quality improvement is the primary focus of the Axon Registry. At an aggregated level, data will be able to benchmark quality across practices, regions, and even nationally; inform the AAN’s future quality measure and guideline development; support the AAN’s advocacy efforts; and demonstrate a commitment to improve the value of neurology to our patients and society.

As of December 2016, there were 24 neurology-specific quality measures in the registry covering conditions of distal symmetric polyneuropathy, dementia, epilepsy, headache, Parkinson’s disease, MS, and sleep apnea. In addition, there are four cross cutting measures. Participating members and practices see their performance rates for each measure on their Axon Registry User Dashboard.

AAN members interested in joining their colleagues in the Axon Registry, should go to AAN.com/view/Axon and fill out the interest form. As practices sign up, they will be placed on a wait list and contacted when their number is reached. For more information about whether your EHR vendor is successfully working with the Axon Registry, review the EHR list available online at http://bit.ly/2heFB8G. For information about the process, contact registry@aan.com.
**User Experiences**

The following information and insights come from participants in the pilot cohorts that tested the registry.

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<th>Neurology Measures Used</th>
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| **Noran Neurological Clinic** | “We chose to use a combination of structured data fields and specific terminology as documentation for PQRS reporting,” said Sara Valentine, director of Health Information Services. “We created documentation forms to assist in documentation as well as a way to remind providers what documentation is necessary to meet the quality measures. We created several specific assessment tools which push structured data and provide scoring to our EMR which can then be used to determine outcomes over time. We have structured data forms for all of the Academy of Neurology quality measures, dementia, epilepsy, Parkinson’s, polyneuropathy, headache, MS, and sleep. We also provide links from the forms to various resource areas for neurologists for patient education.” | • Dementia  
• Parkinson’s disease  
• Epilepsy |
| **Minneapolis, MN** | There are numerous advantages to using forms and structured data. Noran Clinic’s APPs are capturing most of these data. There is no formal intake process. In fact, the clinic began to do some of the intake in the waiting area. The intake data is delivered to the physician by the patient. The intake data is scanned in after the visit and re-entered into the structured data. | |
| **EHR Platform:** GE Centricity | “We use the Axon epilepsy, headache, and Parkinson’s disease measures we would be using anyway, so we didn’t have to change anything” said Marcella Mwaisela, MD. “We have tried to use the measures that fit our practice and change our workflow as little as possible. Since we are such a small practice, we avoid measures that require us to use a rating [scoring] system since we don’t have the manpower to have patients sit down and fill out rating systems. That lessens the time we can spend with the patient. “Our EMR is quite basic and allows us to enter all information as free text,” Mwaisela said. “We try to use keywords and put them in the right place when entering visits into the EMR. That way Axon can find our documentation. We will use the data for PQRS reporting only.” | • Dementia  
• Headache  
• Parkinson’s disease |
<p>| <strong>Towson Neurology Associates</strong> | Mwaisela found it easy to integrate the Axon Registry into her office technology. “Installation only took an hour. Axon is running in the background and data is pulled from our EMR during the night. It’s never broken down, and we’ve never had any issues.” | |
| <strong>Towson, MD</strong> | The only significant change Mwaisela has experienced has been to her partner’s previous routine. &quot;One of us had been dictating the notes and then scanning them into our EMR. Unfortunately, that scanned information doesn’t work with this system. You have to actually type in your notes. That has been our only change.” | |
| <strong>EHR Platform:</strong> Amazing Charts | Overall, Mwaisela is pleased with the Axon Registry. “I like the fact that it is still new, being developed. It has the potential in the future to be adapted, so if we ever needed to submit to commercial payers, it could be used for that as well.” | |</p>
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| **Texas Neurology**  
Dallas, TX  
10 physicians and 8 advanced practice providers  
**EHR Platform:** eClinical Works  
**Extraction Methodology:** Pull | “We are a private practice with limited analytical resources, as compared to larger institutions” said David A. Evans, MBA. “As such, it is imperative to have as many data sources at low, or no-cost, available to us to routinely assess and make incremental improvements in care, if deficiencies are identified. Axon provides actionable data for quality improvement and compliance measurement initiatives. The Axon dashboard allows the end-user to assess variances across multiple locations, our physicians against national benchmarks, with patient-level data.

Evans noted the following practice improvements his clinic is making or has made due to the data:

“We identified variances in documentation of care. We quickly identified the general neurology vs. subspecialty care differences, allowing us to ensure preventive and ongoing management was consistent in various disease populations. We made minor tweaks like recording staging of dementia and characteristics of epilepsy patients for improved population management initiatives.

We educate our providers on the neurology guidelines/measures, resulting in improved provider documentation/data capture.

We modified our intake forms, utilizing the AAN’s pre-visit (disease-specific) questionnaires.” | • Dementia  
• Headache  
• Epilepsy  
• Distal symmetric polyneuropathy  
• Parkinson’s disease  
• Multiple sclerosis |
| **Dent Neurologic Institute**  
Buffalo, NY  
64 providers – adult and pediatric physicians and physician assistants  
**EHR Platform:** eClinicalWorks  
**Extraction Methodology:** Pull | “The Axon Registry creates a culture of immediate quality improvement through a fully automated real-time dashboard,” said CEO Joseph V. Fritz, PhD. “We are able to drill down to the patient level and determine exactly what needs to be rectified in the encounter or documentation.

“Our payers, including the ACO in which we participate, have historically judged our quality based on measures that have minimal relevance to neurology. Axon measures, on the other hand, make sense for neurology, and can be benchmarked against a national peer group. We are finding that payers appreciate the use of measures that are standardized and targeted to the provider specialty, which in turn helps us demonstrate the value of our service, as well as our commitment to continuous improvement.

“We are looking forward to the inclusion of more metrics that reveal the severity of an illness and quantify outcomes. We hope that payers will integrate Axon measures into their quality assessments, and be able to more accurately stratify episode costs in their peer group analysis.

“The registry is, frankly, more than an opportunity to merely demonstrate that we offer a high quality service. It is truly helping us improve our quality by driving a consistency in our care among a wide range of subspecialist physicians, APPs, and levels of experience. We are finding that reducing variance in how we manage our patients, strategically focusing on scores falling below expectations, and tracking meaningful outcomes drives each provider to practice at a higher standard of care.” | • Dementia  
• Headache  
• Epilepsy  
• Distal symmetric polyneuropathy  
• Parkinson’s disease  
• Multiple sclerosis |